

## FEDERAL AVIATION AGENCY

FORM APPROVED, BUDGET BUREAU NO. 04-R015

## SUPPLEMENTAL TYPE CERTIFICATE

INSTRUCTIONS - SUBMIT IN TRIPLICATE TO LOCAL  
FAA FLIGHT STANDARDS INSPECTOR.COPY WILL BE RETURNED TO APPLICANT UPON  
ISSUANCE

## 1. NAME AND ADDRESS OF APPLICANT

Associated Radio Service Co.  
7515 Lemmon Ave.  
Dallas, Texas

## 2. SUPPLEMENTAL TYPE CERTIFICATE APPLIED FOR:

☒ AIRCRAFT ☐ ENGINE ☐ PROPELLER

ORIGINAL MODEL DESIGNATION

Convair 440

NEW MODEL DESIGNATION (If desired)

None

## 3. DESCRIPTION OF CHANGE

Structural installation of Bendix ANA-12A-1 Doppler antenna in  
accordance with Associated Radio Co. Drawings No. 12965, sheets 1 & 2  
dated 26 October, 1962.

## 4a. WILL DATA BE AVAILABLE FOR SALE OR RELEASE TO OTHER PERSONS?

☒ YES ☐ NO

## b. WILL PARTS BE MANUFACTURED FOR SALE (Ref. CAR 1.55)?

☒ YES ☐ NO

## 5. SIGNATURE AND TITLE OF APPLICANT

October 29, 1962

DATE OF APPLICATION

*Ross E. Cheyan*  
Vice Pres.

SIGNATURE

TITLE

## 6. To be Completed by FAA

## NATURE AND LOCATION OF DATA

Data listed in Item 3 above, DER Walter T. Clark's FAA-1600 dated 10/29/62,  
list of Reports and Data, and Reference Manual No. DRA-12 by Bendix on file  
at SW-210. Reference Project T203SW-DS.  
Applicable CAR's same as original certification.

ORIGINAL TYPE CERTIFICATE NO.

6A6

SUPPLEMENTAL TYPE CERTIFICATE NO.

SA195SW

DATE OF APPROVAL

2/20/63

FAA APPROVAL

*H. H. Slaughter*

SIGNATURE

for H. H. Slaughter  
Chief, Engineering and Manufacturing Branch

TITLE

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of this Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

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### TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number \_\_\_\_\_

to *(Name of transferee)* \_\_\_\_\_

*(Address of transferee)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

from *(Name of grantor) (Print or type)* \_\_\_\_\_

*(Address of grantor)* \_\_\_\_\_  
*(Number and street)*

\_\_\_\_\_  
*(City, State, and ZIP code)*

Extent of Authority (if licensing agreement): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Signature of grantor *(In ink)*: \_\_\_\_\_